



PROPERTY TAX CLASSIFICATION

2014 APPEAL FORM

RESIDENTIAL RECLASSIFICATION

Submit form to: Clerk of the Board of Supervisors
301 W. Jefferson, 10th Floor
Phoenix, AZ 85003
(602) 506-3766

NOTE: Your **notarized signature** must be on this form attesting to the truthfulness of the information you have provided. See section 10 below.

1	Name:	Phone:	Email Address:	
	Mailing Address		City:	State: Zip:
2	Complete the following for the property under appeal (property address and parcel number listed below) Complete a separate form for each property appeal.			
	Property address:		Parcel No. (APN)/Account No.:	
3	Appeal is based on (check one): Assessor Letter _____ Date of Letter: _____ Treasurer Letter _____ Date of Letter: _____		4	Who currently resides at the property?
Please check "yes" or "no" for each question regarding the property under appeal:				Yes No
5	Is this property currently rented?			
6	From January 1, 2013 through present, was this property rented?			
7	From January 1, 2013 through present, was this property marketed as a rental?			
8	Are there plans to rent the property during 2014?			
9	Does a qualifying family member currently occupy the residence (Owner's natural or adopted child or descendant of the owner's child; parent or ancestor of the owner's parent; stepchild or stepparent; child-in-law or parent-in-law; or natural or adopted sibling)? If yes, please provide: Name of Relationship to Occupant: Owner:			
IMPORTANT: Appropriate documentation (as listed on Page 2) must provide proof of the person who is living in the property as stated here (the OCCUPANT's Driver's License, Utility Bill, etc.)				
Complete all 2 pages of this Appeal Form. This completed form must be received in the Office of the Clerk of the Board of Supervisors either 30 days from the date the Assessor mailed the <u>Notice of Reclassification of Residential Property</u> , or 30 days from the date the Treasurer mailed the <u>penalty notice</u> . Please attach any additional information or documentation to support your claim with your Appeal Form.				
10	Printed Name:		Signature:	Date
	State of Arizona) County of Maricopa) (Seal)		Subscribed and sworn (or affirmed) before me this ____ day of _____, 2014. _____ Notary Public	
For Office Use Only: _____ Appeal Denied _____ Appeal Approved Board Mtg Date: _____				

Name:	Assessor's Parcel Number:
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11	<p>SUPPORTING DOCUMENTATION To support your appeal, attach a copy of ONE of the documents showing the OCCUPANT at the address of the property under appeal:</p> <ul style="list-style-type: none"> • Voter Registration Card • Driver's License • Motor Vehicle Registration Paperwork • Current Utility Bill <u>mailed to this address</u> • Copy of a portion of your last tax return showing your address (please do not send entire form – only address section)
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Supporting documents must provide proof of who is living in the property – the OCCUPANT – either you or the qualifying family member you noted in Box 9 on page 1.

12	<p>Complete the following chart for each month listed.</p> <p>Place a checkmark (✓) to indicate whether the property was owner-occupied, occupied by a qualifying family member, rented or vacant for each month. <i>For partial months, enter the appropriate number of weeks.</i></p> <p>If the property is currently rented to a qualifying family member*, attach a utility bill or other appropriate documentation listed above (Box 11) for verification to indicate that the family member resides at that residence. For the remaining months of 2014, indicate the intent for the property. If the intent is rental, indicate whether the intent is to rent to a qualifying family member*.</p>
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For 2013	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Owner Occupied												
Qualifying Family Member Occupied												
Rented												
Vacant												
For 2014	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Owner Occupied												
Qualifying Family Member Occupied												
Rented												
Vacant												

*Pursuant to A.R.S. §42-12053, a qualifying family member is the Owner's natural or adopted child or descendant of the owner's child; parent or ancestor of the owner's parent; stepchild or stepparent; child-in-law or parent-in-law; or natural or adopted sibling.

13.	<p>OFFICIAL CHANGE OF MAILING ADDRESS: If notices regarding reclassification did NOT come to your current mailing address and you wish to change your <u>official mailing address</u> with the Assessor's Office, please indicate your new mailing address below.</p> <p style="margin-top: 20px;">Name _____</p> <p style="margin-top: 10px;">Street address _____</p> <p style="margin-top: 10px;">City _____ State _____ Zip _____</p>
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